

“Retesting SERVQUAL Scale Items in Healthcare Service in Bangladesh: A Case study a Private Hospital”

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ABSTRACT

Since its independence in 1971, Bangladesh has been struggling with providing its populace with a proper health care system. In spite of all these problems patients are demoralized by the management and service quality of the hospitals, so my attempts to explore the experiences of Bangladeshi patient with healthcare service providers. From early 1980s the private health sector or private hospital means medically trained providers in private-way initiated healthcare business for-profit. So in early 1990s Government compelled to patronize the private healthcare business. Patient satisfaction is the key issue or the foremost product (service) while considering service quality of a hospital. So the aim of this study to retest the SERVQUAL scale items in a randomly selected private tertiary level hospital in Dhaka, Bangladesh. For capturing responses of various consumers towards service quality in hospitals, a SERVQUAL scale measuring five basic dimensions i.e. Reliability, Assurance, Tangibles, Empathy and Responsiveness of service quality was used. Population for the retesting-study consisted of patients of a private hospital in Dhaka. 100 customers were chosen randomly in a selected hospital to fill a seven point Likert scale questionnaire. All customers were surveyed with proper consent and confidentiality. Service quality of private hospital is not only related to the proper monitoring of private healthcare facilities but also related to reduce the outflow of Bangladeshi patients to the hospitals in neighboring countries as well as to stop the drainage of millions of Bangladeshi currency abroad. In our national healthcare system this type of study will have a great impact and also on our national economy. In the data analysis of the study all the items of SERVQUAL scale e.g., Reliability, Assurance, Tangibles, Empathy and Responsiveness have significant relationship with the patients' perceived satisfaction.

Keywords: Customer Satisfaction, SERVQUAL, Private Tertiary Healthcare Service in Bangladesh (Hospital).

INTRODUCTION

In the reign of a free economy and globalized & liberalized business- environment service is encountering tough competition to meet the customer-requirements of the profitable ways of business. In healthcare service patients' satisfaction is the topmost objective for a provider because this satisfaction is directly related to the quality of services provided by healthcare service as well as it has a great impact for the prognosis of the disease especially for the poor people like Bangladesh who are miserably deprived of their basic needs of life. Generally retesting is the method of confirming any test Service quality is an assessment of how well a delivered service conforms to the client's expectations. Healthcare service is a business entity that has a great impact on human ailment or disease or any physical or mental or social or spiritual disorder through diagnosis, treatment, rehabilitation and follow-up. Bangladesh suffers from both a shortage and geographic mal-distribution of quality-HR. Major challenges are- a centralized good healthcare system in capital city Dhaka, weak Governance structure and regulatory framework, weak management and institutional capacity, fragmented public service delivery, allocation of inefficient non-medical personnel, lack of proper implementation of rules & regulation in healthcare sector where the number of quality-healthcare personnel is less according to the number of patients. Better service-quality would help to ensure an even better environment of the hospital and attract more and more patients through better quality management by the proper implementation of the proper service-quality as well as the gaps in the system of service delivery.

OPERATIONAL DEFINITIONS

a. According to World Health Organization (WHO), Hospital is defined as 'an integral part of the medical and social organization which is to provide for the population complete health care, both curative and preventive; and whose out-patient services reach out into the family in its home environment.

b. Patient satisfaction is a measure of the extent to which a patient is content with the healthcare which they received from their healthcare provider. It is needed for---patient-loyalty [1] improved patient retention [2] to reduce vulnerability to price-wars [3]consistent-profitability [4]accreditation issues [5] increased personal and professional satisfaction [6].

c. Characteristics of any service are: i) Intangibility- is used in marketing to describe the inability to assess the value gained from engaging in an activity using any tangible evidence. It is often used to describe services where there isn't a tangible product that the customer can purchase, that can be seen or touched; ii) Perishability-is used in marketing to describe the way in which service capacity cannot be stored for sale in the future; iii) Inseparability-is the characteristic that a service has which renders it impossible to divorce the supply or production of the service from its consumption and iv) Heterogeneity-is a word that signifies diversity, fundamental characteristic of services which results in variation from one service to another, or variation in the same service from day-to-day or from customer-to-customer. (Fitzsimmonds, 2004; Hill, 2006; Amna, 2011) [7].Implementing SERVQUAL and measuring client perceptual experience and outlook of service may good ensue in client positioning, client trueness and positive word-of-mouth confidence, increasing chance for the cross-selling for more revenue, employee benefits and job-satisfaction, improved corporate image, net income additions and fiscal public presentation. But measuring excessively frequently may well ensue in clients losing their motive to reply right (Shadin, 2006).

c. SERVQUAL model is an empiric model by Zeithaml, Parasuraman and Berry to compare service-quality performance with customer-service quality needs which is divided into five dimensions of service-quality on which patient-satisfaction is based on [8]: e.g.

Reliability: The ability to perform the promised service dependably and accurately with consistency by service providers.

Assurance: The knowledge, courtesy, competence of and their ability to convey trust & confidence by service providers.

Tangibles: The admirable appearance and communication style by service providers.

Empathy: The dimension of caring, communicating, understanding and accessing to customers by service providers.

Responsiveness: The willingness to respond the customers' needs promptly by service providers.

LITERATURE REVIEW

Variable customer demands, better expectations for higher quality of services and the global contest have formed an aggressive dimension to grab the market among different industrial sectors. Quality has become a key tool in both industrial and service sector to expand maximum return on investments and also significantly contributed in cost-effective strategy [9]. Despite recent development in the Bangladesh health sector, there is still a great concern about the quality of the quality healthcare in the country [10]. Although nurses are meant to be doing nursing in the different hospital setting, however, a recent study by Hadley and Roques found that nurses in government hospitals spent only 5.3% of their working time in direct contact with their patients. Paperwork and indirect patient care occupied nurses for 32.4% of their time while 50.1% fell under the category of unproductive time such as time away from the ward and chatting with other nurses [11]. Many researchers used the SERVQUAL model was (Canel and Fletcher, 2001; Lam, 1997; Donthu, 1991; Sohail, 2003 Andaleeb, 2001, 2007) to evaluate health care service quality. In the field of validity and reliability Scardina (1994) and Arikan (1999) reported that SERVQUAL was superior for evaluating customer-satisfaction (Sohail, 2003). The SERVQUAL instrument has been empirically evaluated in the hospital environment and has been shown to be a reliable model in that setting (Babakus and Manggold, 1992)[12]. In healthcare service, the customers are patients, and the service providers are physicians, paramedical staff, nurses or non-medical personnel who vary in terms of their professional skills, knowledge competencies and professional attitude. Services in hospitals are intangible, such as the skills of clinicians, the hospital environment, a caring staff, hygiene etc. and they represent a total combination of tangible and intangible products. Patients' assessment of service-quality is based on their entire understanding and shaped by the effectiveness of the operation, the hospital environment, hygiene in indoor-ward, outdoor situation and the devotion of clinicians, nurses, and supporting staffs [13].Parasuraman and Berry's SERVQUAL Model is a multiple- item scale model which is used to measure the effectiveness of quality of any service providing organization. This model is a generic tool that measures the perceived quality of service which is examined as a level and direction of the difference between consumer's expectations and perception. The bottom line of this type of study explores the comparison of consumers' expectation from a service providing organization with their perception of performance of them [14].The literature review illustrated that in a good number of healthcare researchers e.g. Anderson (1995), Youseff (1996), Lam (1997), Sewell (1997), Angelopoulouet.al.(1998), Dean (1999), Lim and Tang(2000), Wong (2002), Jaboun and Chaker (2003), Boshaff and Gray (2004), Kilbourne et.al. (2004), Wisniewski (2005), Karassavidou et.al. (2007), Mangkolrat (2008), Akter et. al. (2008) and Qin et.al.(2009) have used SERVQUAL instrument since mid 90s to 2009. It is observed that in spite of all limitations, SERVQUAL is a popular method to measure patient satisfaction till date [15].

MATERIALS & METHODS

Methodology: Sequentially the study follows quantitative techniques in respect of service-quality model to explore the perceived quality of service by the patients or customers.

Sampling: Because of the lengthy official formalities of the Ethical committees of the different private tertiary hospitals and time constraints a total of 100 respondents were surveyed in a private hospital in Dhaka city. All adult, psychological consistent and interested indoor patients were the respondents.

Data collection: A self-administrated questionnaire obviously translated into the Bengali language in a private tertiary level hospital in Dhaka city for this study by a trained research assistant nominated by lead researcher (me) were disseminated after properly explaining with the promise of total personal confidentiality to be maintained. The questionnaire consists of 22 questions based on five dimensions of SERVQUAL scale items to figure out the patients' perceived satisfaction with relation to their expectation. Each chosen individual was asked to fill out the standard and close-ended structured questionnaire indicating their responses on a seven-point Likert scale ranging from (-3) means strongly disagree to (+3) means strongly agree for each statement.

Data analysis method: Collected data were coded into SPSS for Principle Component Analysis in order to measure the overall rendered service-quality of the medical or non-personnel of that particular hospital which reflects through the level of patients' perceived-satisfaction while the variables are-Reliability, Assurance, Tangibles, Empathy & Responsiveness. The collected data from all respondents were analyzed using reliability analysis based on the scale of SPSS analyze. After computing the obtained result is as below:-

Data analysis is based on:-

- a) Predictors (constant), Reliability-(RL1, RL2, RL3, RL4 & RL5), Assurance-(AS1, AS2, AS3 & AS4), Tangibles-(TN1, TN2, TN3 & TN4), Empathy-(EM1, EM2, EM3, EM4 & EM5) and Responsiveness-(RS1, RS2, RS3, RS4 & RS5)
- b) Respondents: Perception1

3. **FINDINGS:** All the variables had Cronbach's Alpha greater than or almost very near 0.70 which showed that the scale was reliable. The Reliability ($\alpha=0.735$), Assurance ($\alpha=0.682$), Tangibility ($\alpha=0.675$), Empathy ($\alpha=0.735$) and Responsiveness ($\alpha=0.697$), and All variables ($\alpha=0.949$) have the valid and acceptable reliability values (All SPSS calculation finds- in Appendix).

DISCUSSION

With the growth of healthcare facilities in public & private sector in Dhaka city, it is important to retest the quality of services delivered by these entities. The research was conducted to identify the offered key service quality factors of a public hospital that affect patients' expected satisfaction and assess how patients rate the service quality dimensions of private hospitals [16]. The model of service quality and level of patient satisfaction discussed in this paper reflects the existing scenario that is prevailing in public tertiary level healthcare in Bangladesh, the results may be used to improve service quality and patient satisfaction in the hospital environment in Bangladesh by sensitizing the authority of the healthcare providers for grooming up the medical as well as non-medical personnel about caring of the patients for their satisfaction. For this sort of studies the researchers have to face many obstacles in public hospitals of Bangladesh, because there is no distinguished Human Research department through which usually to get the access for this type of study. Even the ethical committee of hospital which consists of clinicians who always bears an attitude regarding any research study based on social science or organizational behavior but this type of retesting SERVQUAL study is needed to enhance the quality of a hospital. It is needed for training and development process. Moreover for such study in public hospital patients feel insecure and uncomfortable to the participates or customers or patients and on other hand the different unions or organizations of medical or non-medical personnel always take it in a negative way because directly or indirectly they are involved in extortion or speed-money or bribe or baksheesh or favor to provide the patient quality-service though patients have to compromise with those situations in any way but the level of their satisfaction obviously use to decline. On the other hand, in the private tertiary healthcare there is a provision of HR department but study have to go under their surveillance without having any freedom of the researchers. Five dimensions of the SERVQUAL model is basically based on technical and personal skills of the medical and non-medical personnel, such as: negotiation and influencing skills, communication skills, personal development, performance, assertiveness skills, time management skills, stress managing skill, feedback skills, fire safety knowledge, manual and patient handling aptitude, Life Support training, soberness, smiling attitude, greetings style, socializing skill etc. But the top authority rigorously manage

these very tactfully because medical or non-medical personnel are not properly institutionalized educated in Bangladesh on organizational behaviour and most of the time they are influenced by the vested groups who are inclined to different political parties. According to Friesner, 2009, satisfaction measurement is important for three basic reasons:-i) High levels of patient satisfaction -cut down the cost associated with new client acquisition; ii) Satisfied patients are more smoothly retained and the value of an existing client usually increases with tenure; iii) The quality of customer care can only be enriched when care providers are familiar with how well they function on key patient criteria [17].Retesting of SERVQUAL scale items is also needed for the 7 Ps of Healthcare Marketing service mix- Product, Price, Place, Promotion, People, Physical Evidence and Process, these ultimately will reduce the drainage of Bangladeshi currency to abroad for healthcare purpose [18].

CONCLUSION & LIMITATION

Healthcare delivery is a service based industry and patient satisfaction is the primary success factor in measuring the hospitals' performance. The service quality is invariably related to patient satisfaction as investigated in this study [19]. According to SERVQUAL is the approach to measure service quality and to compare customers' expectations before a service encounter and their perceptions of the actual service delivered. There is urgent need for quality healthcare for any citizens of Bangladesh. Therefore, understanding this need of patients is crucial for the medical and non-medical personnel in the hospitals. Failing to meet customers' quality needs is not an option for any healthcare providers in anywhere. Developing a measuring-parameter for health service quality could significantly contribute towards service improvement. In the academic era, no study is 100% perfect due to lack of time, manpower, fund, logistic support, communication gap, bureaucracy, speed-money, hindrance by so called brokers, unions etc. especially in public healthcare system in this sub-continent. As the study was conducted in a selected public hospital, thus it may be the portrait for the whole Bangladesh. This study once again established a relationship between service quality and customer satisfaction in healthcare service or hospital. It also shows to identify the significant drivers of customers' satisfaction by using the SERVQUAL model. The findings established a positive relationship between service quality and customer or patients' satisfaction. It was established that not all the service quality dimensions or attributes are 100% equally related to customer satisfaction, they vary a little bit. SERVQUAL Model is an efficient and effective tool in helping an organization to shape up their plan of action in day-to-day routine work in order to fill up the gaps between service provider and service receiver or customer or patient. Although it's efficacy and construct validity are not 100% accurate, still it's widely applied to retesting SERVQUAL scale items in modified forms to measure the quality of a variety of service providing organizations, including the profit or non-profit healthcare service providers as well (Buttle, 1995) [20].

RECOMMENDATIONS

For proper service-quality by the role of the non-medical personnel in the tertiary public/private healthcare in Bangladesh, the following steps should be taken:-a) The gaps of the SERVQUAL model have to be done to correct the loop-holes. b) Decentralization of public tertiary healthcare service is needed. c) Occupational health safety, hazards and automation of service are needed for the betterment of service. d) Continuous training & development is needed for betterment of service after retesting. e) In Bangladesh in the public tertiary level healthcare service establishment of HRM department is needed for proper Hospital Administration or Management because in the organogram of the Government is not being mentioned specifically. f) All civil servants should avoid the private healthcare facilities rather use the public tertiary healthcare service during their own ailment of health to make inquiry about the standard of the service quality to see the patient-care standard level because these hospitals and civil servants are also being paid by tax-papers money.

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APPENDICES

A. Type & Source of Information

- Collected primary, secondary, and tertiary information-hub
1. Primary sources are original materials on which other research is based, including:
 - interviews, surveys, and original research/fieldwork related to hospitals, and
 - research published in scholarly/academic medical related journals. (for the primary data collection ‘Informé Consent’ was needed for any interview-on PTO)
 2. Secondary sources are those that describe or analyze primary sources, including:
 - reference materials from textbooks, and
 - books and articles that interpret, review, or synthesize original research/fieldwork.
 3. Tertiary sources are those used to organize and locate secondary and primary sources.
 - Indexes – provide citations that fully identify a work with information such as author, titles of a book, article, and/or journal, publisher and publication date, volume and issue number and page numbers related to my study.
 - Abstracts – summarize the primary or secondary sources,
 - Databases – are online indexes that usually include abstracts for each primary or secondary resource, and may also include a digital copy of the resource.

B. Informé Consent

(Format in English but will be translated in Bengali)

Institute of Business Management (IBA)

Dhaka University

I, Ghulam Shawkat Hossain, a DBA student of the Institute of Business Management (IBA) Dhaka University, am conducting a case study on “Retesting SERVQUAL Scale Items in Healthcare Service in Bangladesh: a Case study in a Private Hospital”

For this you are being requested to participate in an interview schedule. I am assuring you on the confidentiality of any information you provide and this is for pure study purpose only. You may have to spend around 15 minutes to finish this interview session.

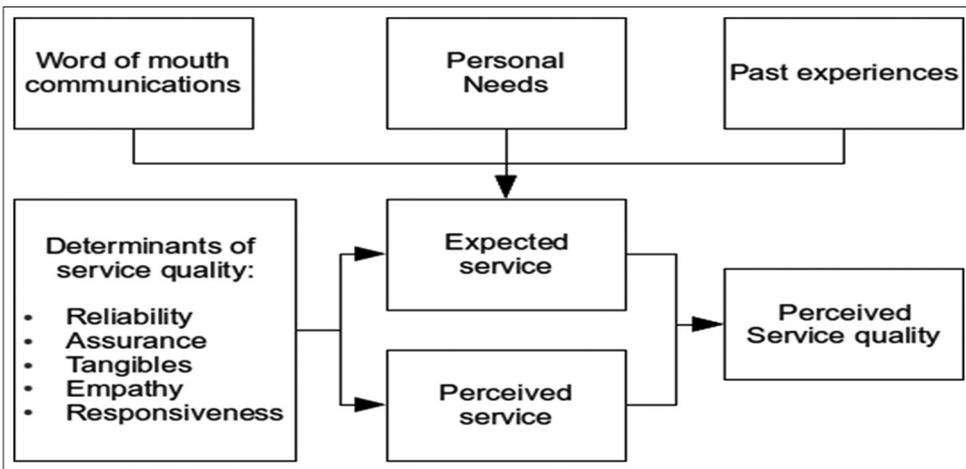
Informed written consent

I (write your name).....have learnt on this interview and willingly taking part.

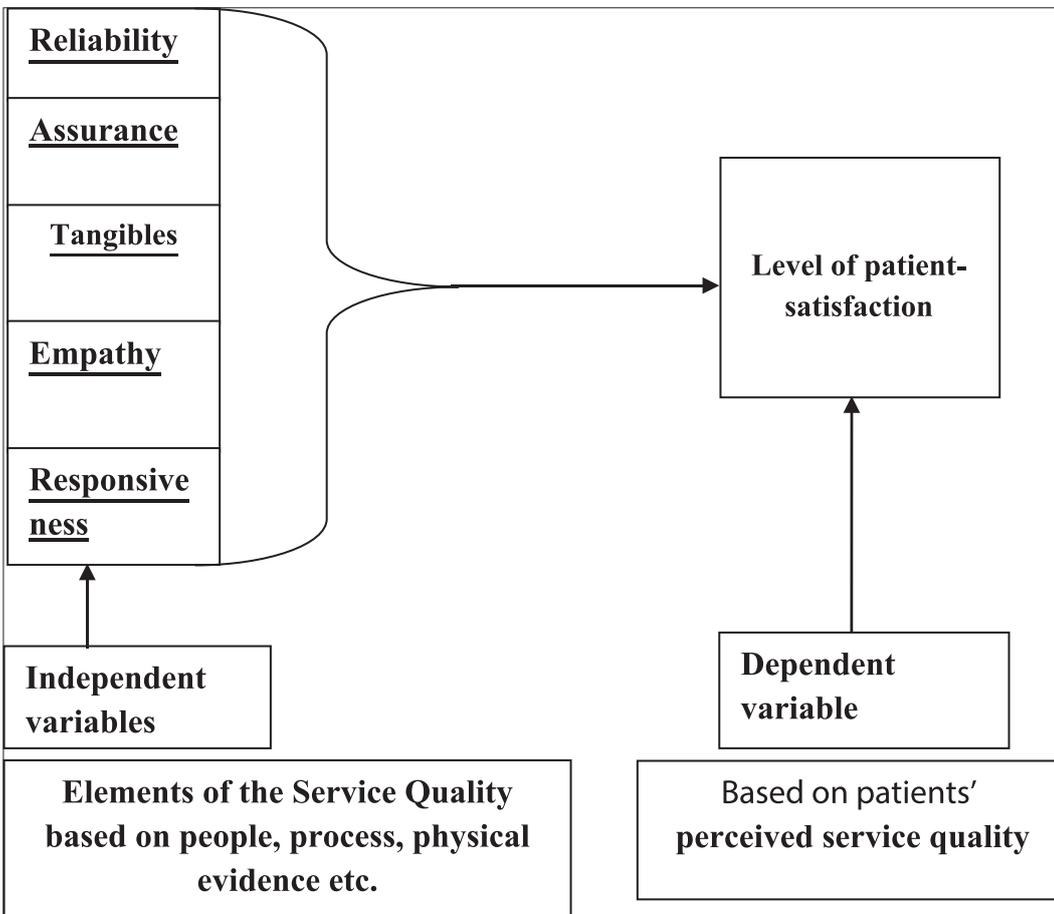
.....

Signature/thumb print of the respondent

Basic Service Quality Model was followed



Concept Framework



**MODEL OF QUESTIONNAIRE in likert scale (translated into Bengali, orally) for the admitted patients: on
“retesting sERVQUAL Scale Items in healthcare service of in bangladesh: a case study in a private hospital”**

| | Strongly disagree=(-3) | Disagree= (-2) | Slightly Disagree= (-1) | Neutral=0 | Slightly agree=(1) | Agree= (2) | Strongly agree=(3) |
|--------------------------------------------------------------|-----------------------------------|-----------------------|------------------------------------|------------------|-------------------------------|-------------------|-------------------------------|
| SERVQUAL | | | | | | | |
| Factors | | | | | | | |
| SERVQUAL Variables | | | | | | | |
| RELIB ILITY | | | | | | | |
| RL-1. Provide service as promised | | | | | | | |
| RL-2. Sincerely solves problems | | | | | | | |
| RL-3. Performs service right at first time | | | | | | | |
| RL-4. Provides service at promised time | | | | | | | |
| RL-5. Maintains error-free record | | | | | | | |
| ASSU RANCE | | | | | | | |
| AS-1. Employees are consistently courteous to patients | | | | | | | |
| AS-2. Employees always try to make patient comfortable | | | | | | | |
| AS-3 Employees always answer patient’s question | | | | | | | |
| AS-4 Patients have confidence on employees | | | | | | | |
| TANGI BLE | | | | | | | |
| TN-1. Hospital has up-to-date equipment | | | | | | | |
| TN-2. Hospital has visually appealing facilities | | | | | | | |
| TN-3. Employees with neat & professional appearance | | | | | | | |
| TN-4. Hospital has visually appealing materials | | | | | | | |
| EMP ATHY | | | | | | | |
| EM-1. Hospital giving patients individual attention | | | | | | | |
| EM-2. Patients’ best interest in their heart | | | | | | | |
| EM-3. Employees understand patients’ need | | | | | | | |
| EM-4. Hospitals’ business hour convenient to patients | | | | | | | |
| EM-5. Employees giving patients individual attention | | | | | | | |

(Contd...)

(Continued)

| | Strongly disagree=(-3) | Disagree= (-2) | Slightly Disagree= (-1) | Nutral=0 | Slightly agree=(1) | Agree= (2) | Strongly agree=(3) |
|--------------------------------------------|------------------------|----------------|-------------------------|----------|--------------------|------------|--------------------|
| RS-1. Provide patients update information | | | | | | | |
| RS-2. Prove prompt service to patients | | | | | | | |
| RS-3. Having helpful attitude to customers | | | | | | | |
| RS-4. Always carry out patient's request | | | | | | | |

Findings after calculation by SPSS

List wise deletion based on all variables in procedure

Scale: Reliability

Case Processing Summary

| | N | % |
|-----------------------|-----|-------|
| Cases Valid | 100 | 100.0 |
| Excluded ^a | 0 | 0.0 |
| Total | 100 | 100.0 |

Reliability Statistics

| Cronbach's Alpha | Cronbach's Alpha based on Standardized items | N of Items |
|------------------|----------------------------------------------|------------|
| 0.735 | 0.737 | 5 |

Item Statistics

| | Mean | SD | 100 |
|-----|--------|---------|-----|
| RL1 | 0.7200 | 0.65258 | 100 |
| RL2 | 0.2500 | 0.58810 | 100 |
| RL3 | 0.4700 | 0.83430 | 100 |
| RL4 | 0.5600 | 0.79544 | 100 |
| RL5 | 1.0300 | 0.91514 | 100 |

Scale: Assurance

Case Processing Summary

| | N | % |
|-----------------------|-----|-----|
| Cases Valid | 100 | 100 |
| Excluded ^a | 0 | 0 |
| Total | 100 | 100 |

Reliability Statistics

| Cronbach's Alpha | Cronbach's Alpha based on Standardized items | N of Items |
|------------------|----------------------------------------------|------------|
| 0.682 | 0.678 | 4 |

Item Statistics

| | Mean | SD | 100 |
|-----|--------|---------|-----|
| AS1 | 0.2600 | 0.56174 | 100 |
| AS2 | 0.4800 | 0.82241 | 100 |
| AS3 | 0.5700 | 0.79462 | 100 |
| AS4 | 1.1100 | 0.87496 | 100 |

Scale: Tangibles

Case Processing Summary

| | N | % |
|-----------------------|-----|-----|
| Cases Valid | 100 | 100 |
| Excluded ^a | 0 | 0 |
| Total | 100 | 100 |

| Reliability Statistics | | |
|-------------------------------|-----------------------------------------------------|-------------------|
| Cronbach's Alpha | Cronbach's Alpha based on Standardized items | N of Items |
| 0.675 | 0.674 | 5 |

| Item Statistics | | | |
|------------------------|-------------|-----------|------------|
| | Mean | SD | 100 |
| TN1 | 0.2500 | 0.57516 | 100 |
| TN2 | 0.4900 | 0.79766 | 100 |
| TN3 | 0.5700 | 0.78180 | 100 |
| TN4 | 1.1300 | 0.87219 | 100 |

Scale: Empathy

| Case Processing Summary | | | |
|--------------------------------|----------|----------|--|
| | N | % | |
| Cases Valid | 100 | 100 | |
| Excluded ^a | 0 | 0 | |
| Total | 100 | 100 | |

| Reliability Statistics | | |
|-------------------------------|-----------------------------------------------------|-------------------|
| Cronbach's Alpha | Cronbach's Alpha based on Standardized items | N of Items |
| 0.741 | 0.745 | 5 |

| Item Statistics | | | |
|------------------------|-------------|-----------|------------|
| | Mean | SD | 100 |
| EM1 | 0.7200 | 0.65258 | 100 |
| EM2 | 0.2500 | 0.59246 | 100 |
| EM3 | 0.4700 | 0.83430 | 100 |
| EM4 | 0.5600 | 0.79544 | 100 |
| EM5 | 1.0300 | 0.91514 | 100 |

Scale: Responsiveness

| Case Processing Summary | | | |
|--------------------------------|----------|----------|--|
| | N | % | |
| Cases Valid | 100 | 100 | |
| Excluded ^a | 0 | 0 | |
| Total | 100 | 100 | |

| Reliability Statistics | | |
|-------------------------------|-----------------------------------------------------|-------------------|
| Cronbach's Alpha | Cronbach's Alpha based on Standardized items | N of Items |
| 0.697 | 0.699 | 4 |

| Item Statistics | | | |
|------------------------|-------------|-----------|------------|
| | Mean | SD | 100 |
| RS1 | 0.2500 | 0.57516 | 100 |
| RS2 | 0.4900 | 0.79766 | 100 |
| RS3 | 0.5700 | 0.78180 | 100 |
| RS4 | 1.1300 | 0.87219 | 100 |

Scale: All variables together

Scale: All variables together

Case Processing Summary

| | N | % |
|-----------------------|----------|----------|
| Cases Valid | 100 | 100 |
| Excluded ^a | 0 | 0 |
| Total | 100 | 100 |

Reliability Statistics

| Cronbach's Alpha | Cronbach's Alpha based on Standardized items | N of Items |
|-------------------------|-----------------------------------------------------|-------------------|
| 0.949 | 0.949 | 22 |
